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ABSTRACT

The report summarizes the evaluation by the Western Australian Council for Special Education of the needs of the handicapped children enrolled at the Sir James Mitchell Spastic Center School. Findings regarding general issues in special education, cerebral palsied children in Western Australia, and educational alternatives and considerations are outlined; and recommendations concerning the Center's long term planning for handicapped children as well as the short term requirements for school children are offered. (SBH)

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EDUCATION OF CEREBRAL PALSIED CHILDREN IN WESTERN AUSTRALIA

Report to the Minister for Education

The Western Australian Council for Special Education

August 1975

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WESTERN AUSTRALIAN COUNCIL FOR SPECIAL EDUCATION

The Council was established by the Minister for Education in October, 1974 to advise and report on all aspects of special education.

The terms of reference for the work of the Council include the following:

1. Advise and assist in the development of tertiary education programmes.
2. Advise on and commission research and evaluation in the area of special education.
3. Rationalize total State effort within the field of special education.
4. Provide a forum for debate in the field of special education.
5. Provide a liaison between professionals and between profession and community.
6. Assist and advise on programme development.
7. Provide professional arbitration in the field of special education.
8. Report and advise the Government on matters relating to special education.

The present members of the Council are:

Dr W.D. Neal, Dean of Teacher Education, W.A. Institute of Technology (Chairman).

Dr H.J. Blackmore, Psychiatrist Superintendent, Heathcote Hospital, Menta. Health Services.

Dr P.G. Cole, Senior Lecturer in Education, University of Western Australia.

Dr A. Little, Senior Lecturer in Psychology, University of Western Australia.

Dr A.N. Stewart, Director of Special Services, Education Department.

Mr R. Weiland, Principal, Sir James Mitchell School.

Mr T.M. Beck, Senior Research Officer, Education Department (Executive Officer).

SUMMARY OF RECOMMENDATIONS ON THE EDUCATION OF CEREBRAL PALSIED CHILDREN

The Council recommends that

...a centrally co-ordinated service be established for the assessment and diagnosis of all forms of physical and mental handicap among children. Such a service would be staffed by educational, medical and psychological personnel.

...programmes of special education which are staffed and financed by the Government should be controlled by the Government and housed in Government owned facilities.

...immediate plans be initiated to build two special education centres in the metropolitan area to serve the northern and southern districts respectively.

...the Education Department adopt the policy of providing for the education of handicapped children as near to their homes as possible.

...the School Health Services of the Public Health Department should be responsible for the medical supervision of physically handicapped children in schools.

...a decision to proceed with the planning of the two special education centres and with the general recommendations of this report be made as soon as possible.

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1.0 INTRODUCTION

The present report is a summary of the Council's consideration of the needs of the handicapped children enrolled at the Sir James Mitchell Spastic Centre School.

In the course of its investigations, and as a result of reviewing evidence from a number of expert persons directly involved in the education of handicapped children, some general principles have become clear which will be of direct relevance to the education of other handicapped children to whom the Council has not so far given particular attention.

In making recommendations relating to cerebral palsied children it is therefore inevitable that there are implications for other groups of handicapped children. If the recommendations are accepted it will mean that considerable preliminary work has already been done for the detailed study of other groups of children requiring special education.

2.0 GENERAL ISSUES IN SPECIAL EDUCATION

2.1 It is misleading to define 'special education' as that which is provided for children who are not able to be taught in an ordinary school or classroom. Such a definition is inadequate because it evades a central issue, the question of which children can and should be catered for in an ordinary school. It also implies that ordinary schools are not suitable venues for the provision of special educational facilities for children with evident handicaps. Furthermore, the notion of an 'ordinary' school possibly reflects a lack of awareness among teachers of the wide range of individual needs among children already under their supervision.

2.2 While recognising that there are children with severe disabilities who, even with special assistance, are not able to cope with the social or physical environment of a normal school, the Council warns against too easily assuming that a child with a single handicap requires special treatment and a special environment to meet all aspects of his education.

In short, the distinction between special and normal education is not categorical. Children have many different needs, and it is the Council's opinion that educators must keep in view the many organisational and pedagogical resources which may be deployed in meeting those needs.

2.3 It is therefore essential, for educational purposes, to assess the learning characteristics of each child regardless of the physical origins of any real or apparent disability. There is a "growing awareness that etiology per se and classification as such are not as significant as information about how the child behaves in learning situations" (U.N.E.S.C.O., 1973, p.156). If this premise is accepted then the way is open for reconsideration of the criteria on which children are grouped for educational purposes. A psychological advantage of minimising attention to the physical origins of handicaps is that it may be easier to focus on children's capabilities rather than on their disabilities as such. Grouping children for educational purposes on the basis of a medical classification is no more rational than prescribing medical treatment on the basis of educational performance.

2.4 The call to integrate all handicapped children with their peers is sometimes made by people who do not appreciate the high degree of special assistance which some such children require. The Council however endorses the general principles enunciated by the Schools Commission in the following statements:

> 15.11...children should not be segregated from their peers unless it can be established that this is necessary or that it provides educational advantages which will outweigh the disadvantages...special support should be available to children requiring it, whether those children are educated in special or ordinary schools.

> 15.13 The main emphasis in ordinary schools should be on adapting the procedures in the ordinary classroom to individual differences among a wider range of children... to transform the old notion of 'special' into the more fruitful one of assisting teachers more successfully to cope with individual differences... In this perspective special provision within the school is a matter of caring for the special needs of children as they arise rather than permanent placement of children defined according to handicap. (Schools Commission, 1975, p.240-241)

2.5 The principle of enrolling children at their local school wherever possible is supported by the following considerations:

2.5.1 A family with both handicapped and normal children already has difficulties and adjustment problems additional to those experienced by other families. To send the handicapped child to a special school not only doubles the obligations of parents in terms of supporting the schools attended by their children, but in general confirms that the handicapped child is different from the rest of the family and from neighbouring children. In addition to having a particular handicap, with which the child and the family may have come to terms, the child henceforth begins a wholly different way of life attending a school which may be some distance away from the local neighbourhood.

2.5.2 There is a tendency for children to adopt the behaviour patterns of others with whom they associate. Accordingly, when children who are mildly affected by a disability are grouped with those who are seriously affected there is a risk that some of those who are mildly affected will come to exhibit symptoms, weaknesses and adjustment problems which cannot be explained by their physical disability alone.

2.5.3 The presence of a physically handicapped child at a normal school can have a beneficial influence on the attitudes of other children, who thus have the opportunity to develop an acceptance of the handicapped person as a valued member of society. The separation of handicapped children from others increases the probability not only that the handicapped person will feel estranged in the community at large but also that he will be estranged.

2.5.4 The present pattern of provision for handicapped children calls for a great deal of commuting in school buses. Not only is this an expensive operation but the hours of debilitating travel are not conducive to the children's best efforts when they are at school.

2.6 The Council therefore affirms that as a general rule it should be policy to enrol all children in the local school, where teachers, special advisors, therapists, equipment and other resources should be provided to meet the educational needs of all children. However, the Council also recognises that there will always be children for whom special provision must be made beyond that which can be provided by the local school, for example the bedridden, the severely mentally retarded and others who require prolonged or intensive specialist attention. The principle to be observed is that the local school should be equipped and staffed to educate the children in its neighbourhood and segregated education should be regarded as a last resort. In many cases where segregation is necessary the aim should be to prepare the child to return to his home and local school environment as soon as possible.

2.7 The Council believes, as a corollary of the principles outlined in previous paragraphs, that the education of the handicapped is a responsibility which must be assumed by Government. This does not mean that the efforts of voluntary organisations and voluntary workers will be no longer required and appreciated, but rather that their roles may need to change. Educational

and specialist services have already become so expensive that voluntary organisations are being heavily subsidised by Government funding. But the most important issue is that the handicapped children could in many cases be educated in their local school, and if this occurs there will be less opportunity and need for special schools to function as separate institutions whoever may be their sponsor. The Schools Commission report observes:

> 15.37...There is now considerable support among handicapped children's organisations themselves for the view that they should hand over responsibility for school education and concentrate on supporting...other needs. (Schools Commission, 1975, p.253)

The other needs may include residential accommodation, sheltered workshops, medical and para-medical care, rehabilitation facilities and vocational training.

2.8 Teachers are becoming more receptive to the practice of having parents and para-professional helpers in the schools, and enrolling handicapped children in local schools makes it more practicable for voluntary help to be offered by interested citizens. A parent who lives some distance away from the special school may have great difficulty in being of direct assistance at the school which her child attends. Voluntary organisations which offer help to handicapped children enrolled in local schools rather than special schools may find a widened community support for their efforts.

2.9 It is essential that the diagnosis of children's disabilities and the assessment of their educational needs be carried out by a centrally co-ordinated service. A co-ordinated assessment service could provide the appropriate blend of medical and educational expertise. With very young children the main emphasis would be on medical diagnosis but educational implications also need to be considered as early as possible to enable remedial programmes to be introduced. A co-ordinated service, rather than separate services catering for particular forms of disability, also helps to prevent problems such as

parents being afraid of having their children labelled just because they have been to a particular diagnostic clinic. Multiple handicaps can be overlooked and a biased diagnosis can be made where children exhibit marginal symptoms which could be explained by more than one medical or psychological condition. The particular form of organisation for such an assessment service in the metropolitan area could be mirrored in regional country centres where a child referred because of a suspected handicap could be examined by the appropriate medical, educational and guidance personnel.

3.0 CEREBRAL PALSIED CHILDREN IN WESTERN AUSTRALIA

3.1 Cerebral palsy is a chronic non-progressive disorder for which direct medical attention usually becomes less necessary as children become older. The cerebral palsied child needs a comprehensive and continuing evaluation to determine the educational programme that would be suitable. Some children have motor co-ordination problems while others have auditory and visual perceptual problems or are mentally handicapped. Some, of course, have multiple disabilities.

3.2 There is considerable confusion with regard to the most suitable treatment of borderline cases of cerebral palsy, variously referred to as having 'minimal cerebral dysfunction', 'minimal cerebral palsy' and 'minimal brain damage'. Such labels are commonly applied to children who have minor disorders of the motor system (such as clumsiness, distractability, poor balance, inco-ordination) though in many cases there may not be consistent and definite evidence of neurological damage. Children so classified may be also diagnosed as having major problems in the academic subject skills such as reading, writing and spelling. The importance of this question of labelling the borderline cases derives from the fact that under present circumstances there is a single educational institution for cerebral palsied children, and it is often assumed that any child who apparently qualifies for the label should attend that institution. Research evidence

suggests that clumsiness and other signs of apparent motor immaturity are often outgrown in due course and that children with such characteristics should not be deprived of normal educational experience.

3.3 The Spastic Welfare Association of Western Australia Incorporated owns and administers the Sir James Mitchell Spastic Centre at Mount Lawley. It should be placed on record that the Association has performed outstanding service in providing educational premises over the last 25 years. However the Council is of the opinion that the Spastic Welfare Association has been asked to carry the burden of providing educational facilities for far too long and the State Education Department should now be required to provide the necessary buildings and resources.

3.4 Approximately 200 children are enrolled at the school in the Spastic Centre, but the buildings are also used for social welfare, medical and rehabilitation services. The school is staffed by 26 teachers and 14 aides provided and paid by the Education Department. Children are transported daily from all over the metropolitan area in nine buses, at an annual cost to the Education Department of $86,000. In addition to the involvement of the Education Department, the State Government made a direct grant to the Association for recurrent expenditure of $650,000 in the financial year 1974-75. A grant of $390,000 was made in the previous year. Some financial support is also provided by the Federal Government.

3.5 The classroom and resource facilities at the Spastic Centre are grossly inadequate. The difficulties are accentuated by the size of the present enrolment. The educational programme is carried out in small rooms in a basement of the Spastic Welfare Association building and in renovated houses. There is practically no playground space. The possibility of successfully evacuating all children in the event of fire would be small. It is impossible to make suitable provision for the various types of programmes such as home crafts, daily living

training, workshop, gardening, and use of a reasonably well stocked library. The school is dispersed in such a way that supervision of the children, many of whom have special needs, cannot be properly maintained.

3.6 A basic issue which not only arises in the present situation but also must be considered in any future plans is the relationship between educational, medical and paramedical services. The same buildings are being used by the various services, often resulting in difficulties of co-ordination. The evidence considered by the Council favours the view that the primary needs of most of the school aged children at the Spastic Centre are educational and social rather than therapeutic or medical. Therapies are needed but they can be co-ordinated in an educational setting rather than vice versa.

3.7 As far as possible the educational programme offered at the Spastic Centre School is similar to that provided in a typical school. Variations occur to meet the needs of a number of the children who are mentally retarded or require special equipment for mobility and for carrying out basic learning activities, and there is considerable interruption for therapeutic treatment.

4.0 EDUCATIONAL ALTERNATIVES AND CONSIDERATIONS

4.1 The Spastic Welfare Association has owned 10 acres of land at Bradford Street, Mount Lawley, since 1957. The Association plans to develop the site with the assistance of Commonwealth funds under the Handicapped Persons Assistance Act 1974 with a view to continuing the present co-operative arrangement with the Education Department. The Council believes that this would not be in the best long term educational interests of the children concerned, for several reasons.

4.1.1 The long distances travelled by children and the rapidly expanding metropolitan area, as well as the needs of country children, necessitate the planning of more than one centre.

4.1.2 The Council considers that it is feasible and proper to focus directly on the educational needs of the children, and these must be paramount in terms of both facilities and organisation. The Education Department should assume exclusive responsibility for the planning and development of any future provision for the education of cerebral palsied children.

4.1.3 The Government is already heavily committed financially to the educational programme at the Spastic Welfare Centre. The only advantage to the State Government in continuing to use premises owned by the Association would be that the Association may qualify for the 4:1 subsidy from the Australian Government under the Handicapped Persons Assistance Act 1974, but this Act is under review at the request of the Schools Commission. In any case, this Council believes that the financial benefits which could thus accrue to the State in the short term do not outweigh the long term educational disadvantages of dual control.

4.2 The Council has considered other alternatives for the short and long term provision of education for these handicapped children. Some of the possibilities are as follows:

4.2.1 A large central school could be built to replace the present school and the whole enterprise placed under the control of the Education Department. This would fail to solve the transport problem and ignores several other considerations such as the fact that cerebral palsied children exhibit a wide range of educational needs which might best be met by allowing them to attend other educational institutions.

4.2.2 Two new centres could be established to retain the expertise available in a specialised institution but relieve the transport burden to some extent. This proposal was opposed by teachers at the present school on the grounds that such schools would be too small to achieve the diversity of interest and the strong school community spirit which characterise the present school. Also, a simple partition of the present school, if this were seen as the total solution to the present accommodation problem, does not take into account other factors already mentioned, especially the fact that some children might have educational needs more in common with children elsewhere than with each other.

4.2.3 The other general possibility is to provide a more flexible system in which children could be assessed individually with regard to their educational needs and placed in one of a number of alternative school situations. To provide this degree of flexibility would require a review of several factors such as the organisation of support services, the provision of equipment and the training and appointment of teachers.

5.0 RECOMMENDATIONS

The following recommendations concern the long term planning for handicapped children as well as the short term requirements for school children at the Spastic Centre. Subsequent reports will deal specifically with other groups of children with special needs, and it is anticipated that recommendations in those reports will be consistent with the principles developed in this present report.

5.1 The Council recommends that a centrally co-ordinated service be established for the assessment and diagnosis of all forms of physical and mental handicap among children. Such a service would be staffed by educational, medical and psychological personnel.

There is already a substantial level of co-operation between medical and educational personnel engaged in the assessment of children's special educational needs, but this arrangement should be made more explicit. It is important that there should be an easily identifiable service to which parents and others can refer. The Council intends to examine and recommend on the nature of this proposed service.

5.2 The Council recommends that programmes of special education which are staffed and financed by the Government should be controlled by the Government and housed in Government owned facilities.

Several considerations are pertinent to this recommendation.

5.2.1 The issues relating to dual control are relevant. Although one authority may recommend or require a course of action on educational grounds the other authority may be unable or unwilling to provide the necessary facilities. In turn, readiness to expend capital or maintenance funds may depend on whether funds are available, on long term plans, and on accountability to various financial supporters.

5.2.2 The Spastic Welfare Association has a long history of plans to rebuild the Centre on another site but these have never reached fruition, and even now the situation is uncertain. It is the Council's view that the needs of the children are extremely urgent, in particular the necessity to open up a greater number of options for children's educational experiences.

5.2.3 Another consideration is that it is not equitable for the Government to provide schools for all normal children while for physically handicapped children there is still no alternative but to attend a school provided by a voluntary agency.

5.3 The Council recommends that immediate plans be initiated to build two special education centres in the metropolitan area to serve the northern and southern districts respectively.

The particular reasons which led the Council to make this recommendation now follow.

5.3.1 The Council is most concerned about the length of time many handicapped children spend on school buses, in some cases amounting to over two hours each day. Although children in country areas often travel for long periods of time, in the metropolitan area the need to do so can only be regarded as a form of discrimination against handicapped children whose peers attend a school normally a few minutes walking distance from home. Moreover, predictions suggest that the growth of the metropolitan area will make the arrangement of adequate transportation more difficult to achieve in future years. The provision of regional centres will be one element in the general policy of decentralisation. A long term plan might require one such centre in each main urban corridor.

5.3.2 While emphasising that special services should be available in normal schools, the Council accepts the need to provide separate facilities for some physically handicapped children. It also recognises that the development of support services in local schools for children who could attend them would take some time. It is therefore envisaged that the two special education centres should serve the following purposes.

i. Each centre should be equipped to provide fully for the needs of children who now attend the Spastic Centre and who cannot be immediately enrolled at a normal school. The present school at the Spastic Centre should be discontinued.

ii. Children with physical disabilities other than those associated with cerebral palsy should also be provided for at each centre. Handicaps resulting from cerebral palsy, spina bifida cystica, muscular dystrophy and severe respiratory diseases all require similar specialised services. The centres could serve the needs of children with multiple handicaps including the mentally handicapped in need of specialist therapies.

iii. On-site therapy and sessional remedial experiences for some children who attend normal schools should be provided where this appears to be the most convenient and beneficial way of assisting these children.

iv. They should be a working base from which advisors and therapists could visit schools as required, and to which teachers could come for advice, resources and in-service training.

5.3.3 The size of each centre will depend on further research and evaluation of the needs of physically handicapped children. Present indications would suggest that each centre should cater for something of the order of 70-100 children, with facilities that will permit the use of small groups, special equipment and therapeutic activities. At the same time, the centres must provide for the involvement of aides, parents and para-professionals, and for teachers to use them as resource units. The design must allow for some flexibility of function to allow for future changes in policy and practice.

5.4 The Council recommends that <u>the Education Department adopt the policy of providing for the education of handicapped children as near to their homes as possible</u>.

5.4.1 Teachers and pupils should be encouraged to adopt a team approach to the problems of handicapped children, with all members of the school community accepting some responsibility. If school staffing allocations improve and if training courses in special education expand, the diversification of teaching roles may include provision for some teachers to become special education consultants. There are many children other than the physically handicapped who have problems which may remain unremedied in the normal school. The presence of a staff member specially trained in diagnostic and remedial procedures and in dealing with various forms of handicap should have a beneficial influence on the school as a whole and not merely on those pupils who would in the past have qualified for special education in a different setting. It seems to the Council that a reasonable objective would be the appointment to as many schools as possible of teachers qualified in special education.

5.4.2 Wherever possible, facilities and resources should be provided to enable a child with a physical handicap to attend a local school. This may require the provision of additional trained staff, special equipment and special short term training for regular staff. An expert advisor may be appointed to the school for a period of time, or make recurring visits, to help the child and the staff establish effective working procedures and relationships. Such uses of an advisor's time can be justified on educational and economic grounds. An intermediate measure could be the establishment of resource centres on a sub-regional or district basis for children who require special assistance but who would be able to benefit from some aspects of the normal school. This scheme may be especially applicable in the larger country towns.

5.4.3 It is also recommended that the Special Education Branch be adequately staffed to co-ordinate and develop the provision of a greatly improved and extended service of special education within all schools. The Council proposes to examine at a later date the size, structure and functions of the Special Education Branch in the light of this recommendation.

5.4.4 An immediate task for the Special Education Branch should be the evaluation of the needs of children currently enrolled at the Sir James Mitchell School. The Council acknowledges that there can be difficulties in changing the routines of children who are well established and happy in a particular school situation. However, it also believes that such an evaluation is essential at least for planning the two regional centres recommended earlier, and may well permit the return of certain children to their local school under appropriate circumstances, thus relieving the critical space shortage at the school.

5.5 The Council recommends that the School Health Services of the Public Health Department should be responsible for the medical supervision of physically handicapped children in schools.

5.5.1 Officers of the School Health Services should attend to children at the two regional special education centres, or at local schools where the children are enrolled, or at central units which children may visit for sessional therapy or periodic assessments, depending on particular needs and considerations of staff deployment.

5.5.2 In view of the current involvement of School Health Services in matters relating to the health of school children it should be possible to provide an extension of the service to include provision of therapies for physically handicapped children.

5.5.3 The relationship between the central assessment service and the responsibilities of the School Health Services is a matter on which the views of the Public Health Department would have to be considered. The Child Health Services Assessment Centre at Rheola Street may well be the foundation of a central unit with a fully integrated medical and educational staff. At the moment this Centre occupies the same premises as the School Health Services.

5.6 The Council recommends that a decision to proceed with the planning of the two special education centres and with the general recommendations of this report be made as soon as possible.

The need to make an early commitment on the proposals outlined in these recommendations relates to the highly unsatisfactory conditions in which the school at the Sir James Mitchell Centre is now functioning, to the considerable publicity which this situation has attracted, and to the fact that the Spastic Welfare Association needs to have early advice on whether to proceed with its own plans to build alternative facilities.

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